

Individual License Renewal Form

The mailing address you indicate on this application is your address of record for your license/certificate. Therefore it public information. You may wish to use a post office box in lieu of the physical address as an address of record.

Name: _____

Address: _____

City, State, Zip: _____

License/Certificate Number, Type, and Category(ies)	Laws	CE Hours and Fee Per License:				
		Aerial	Other	Total CE	Fee	
_____	_____	_____	_____	_____	\$ _____	w/Late Fee (after Dec. 31) \$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____

Please submit total CE Hours and Fee(s) to renew all listed licenses: _____ \$ _____

IMPORTANT - PLEASE READ!

**PLEASE SUBMIT BY NOVEMBER 1, 2002 IF YOU WISH TO RECEIVE YOUR
LICENSE OR CERTIFICATE BY JANUARY 1, 2003.**

YOUR LICENSE WILL BE DELAYED IF THE APPLICATION PACKET IS INCOMPLETE

**ALL CONTINUED EDUCATION HOURS MUST BE OBTAINED BY
DECEMBER 31, 2002**

NOTE: The Department of Pesticide Regulation has established time periods for processing permit applications, in compliance with Government Code Sections 15374 - 15378. Failure to comply with these time periods may be appealed to the Secretary for Environmental Protection, California Environmental Protection Agency, P.O. Box 4015, Sacramento, CA 95812-4015, pursuant to the regulations set forth in Title 3, California Code of Regulations, Section 301. Under certain circumstances, the Secretary may order a reimbursement of filing fees.

- **SIGN AND DATE** the Renewal Application form. The Department requests your Social Security Number (SSN) as an alternate method of applicant identification. This is not public information and will not appear on any publication. Providing your SSN is strictly voluntary in accordance with the Privacy Act of 1974 (PL93-79).
- **QUESTIONS?** Your name and license/certificate number will be posted to DPR's web site <http://www.cdpr.ca.gov> as soon as your renewal application is approved. This listing will verify that you possess a valid license or certificate with DPR for 2003 - 2004. For other questions about your application, please contact the Licensing and Certification program at the telephone number shown at the top of this application.

I declare under penalty of perjury under the laws of the State of California that the information provided by me is true and correct.

SIGNATURE

SSN (OPTIONAL)

DATE

FOR OFFICIAL USE ONLY

IMPRINT

RENEWED

PROBLEM

DATA ENTRY